

## OSVT SAMPLE

For form instructions Ctrl+Click to follow the link [here](#)

Examples can be viewed by hovering over the link under each question or through Ctrl+Click to locate guidance.

On-Site Visit Tool		
Individual's Name: John Doe		
Location of visit: <input checked="" type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work <input type="checkbox"/> day support <input type="checkbox"/> Other: <span style="background-color: #d3d3d3; padding: 0 20px;"></span>		
Date of visit: 9.10.20		
Service being provided (if applicable): In-home Supports		
Focus Area Questions:		Check:
<b>Change in Status</b>		
1	<b>Are there new or increased concerns with the environment being clean, safe and appropriate to the person's needs?</b> <a href="#">examples</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unable to assess
2	<b>Are environmental modifications or assistive technologies <u>lacking, but needed</u> to increase independence or prevent institutionalization?</b> <a href="#">examples</a>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess
3	<b>Are there new or increased concerns with the person's health and safety?</b> <a href="#">examples</a>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess
4	<b>Have there been any significant life changes that impact services?</b> <a href="#">examples</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to assess
5	<b>Are there any concerns related to potential abuse, neglect, or exploitation?</b> <a href="#">examples</a>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess
<b>Change in Status Determination</b>		
6	Was a <a href="#">change in status</a> identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>NOTE:</b> an answer of "yes" to any question 1 to 5 indicates a change in status. <i>Document changes and actions to address concerns in the contact note from this visit.</i>
<b>Services Implemented Appropriately</b>		
7	<b>Does the person express satisfaction with services and the progress being made?</b> <a href="#">examples</a>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess
8	<b>Are the paid supporters knowledgeable about the person and understand their role in providing support?</b> <a href="#">examples</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to assess
9	<b>Are behavioral services available and occurring as needed, and as authorized?</b> <a href="#">examples</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
9a	<b>If no to question 9 for behavioral services, confirm the following:</b> <ul style="list-style-type: none"> <li>An onsite assessment was completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	

Individual: John Doe

Date: 9.10.20

DBHDS On-Site Visit Tool 10.30.20 - 1

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	<ul style="list-style-type: none"> <li>• A behavioral plan designed to decrease negative behavioral and increase functional replacement behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Caregivers are trained to implement the behavior plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Presence of data collection/reviews to improve supports? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Changes were made to the behavioral plan as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
10	<b>Are nursing services available and occurring as needed, and as authorized?</b> <a href="#">examples</a>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
10a	<b>If no to question 10 for nursing services, confirm the following:</b> <ul style="list-style-type: none"> <li>• Services were provided consistently for past 90 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• The hours provided are sufficient to ensure health and safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• The services provided meet the person's identified needs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul>	
11	<b>Has the service being provided during this visit been occurring as needed, and as authorized?</b> <a href="#">examples</a>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <b>NOTE:</b> N/A only utilized if not receiving a service at the time of the visit.
12	<b>Does the service being provided during this visit include <u>skill-building</u> if required?</b> <a href="#">examples</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13	<b>Does community involvement occur as described in the ISP?</b> <a href="#">examples</a>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to assess
<b>Services Implemented Appropriately Determination (To be completed following questions 7 through 13)</b>		
14	<b>Are <u>services implemented appropriately</u>?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NOTE:</b> an answer of "no" to any question 7 to 13 indicates services are not appropriately implemented. <i>Document changes and actions to address concerns in the contact note from this visit.</i>
<b>Reporting and Plan Changes (To be completed following questions 1 through 14)</b>		
15	<b>Do any concerns observed or reported require reporting to the <u>family or any providers</u>?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list who will be informed below. Provide details in the contact note from this visit.  <div style="background-color: #e0e0ff; padding: 2px;">John's mother.</div>
16	<b>Do any concerns observed or reported require reporting to <u>DBHDS or other state agency or your supervisor</u>?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list who will be informed. Provide details in the contact note from this visit.  <div style="background-color: #e0e0ff; height: 20px;"></div>
17	<b>Is a <u>change in the plan</u> needed (additional outcomes, changes in steps or provider instructions)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list where changes will be made. Provide details in the contact note from this visit.  <div style="background-color: #e0e0ff; padding: 2px;">Essential Information and In-home Part V</div>
Support Coordinator (printed name): <u>Emily Smith</u> Support Coordinator Signature: <u>Emily Smith</u> <span style="float: right;">Date: <u>9/10/20</u></span>		

## OSVT SAMPLE

### Helpful checklist for generally accepted practices

- ☐ A current assessment is available (within 1 year and for behavioral services conducted in the setting)
- ☐ A written plan is available
- ☐ Targeted changes are addressed (e.g. plans that focus on skill-development, increased independence, or targeted behavioral change)
- ☐ Paid and unpaid supporters are adequately trained as applicable
- ☐ Data collection is available
- ☐ Data is summarized and reviewed as required
- ☐ Changes have been made as needed and requested
- ☐ Routine documentation in notes and reviews correspond with the person's desired outcomes and describe progress and/or methods related to increasing a person's independence, integration, and/or quality of life

## NOTE SAMPLE

Contact by contact notes completed by the Support Coordinator are typically stored in Community Services Boards' Electronic Health Records. The notes that correspond to the completion of the OSVT must contain the detailed findings from the visit along with any related actions planned or taken as a result of the visit. In addition, details related to any reporting or plan changes that occur must be described in the note. The following sample for John Doe corresponds to the OSVT completed above. DBHDS will request an annual sample of notes to correspond with OSVTs uploaded into WaMS in order to complete a look-behind process and offer technical assistance to CSBs.

Support Log Sample	
9/10/20	<p><b>Face-to-face:</b> SC met with John outside at home due to COVID-19. Although I was not able to see the setting, John and his DSP, Vivian, reported that his home is clean and decorated the way he prefers. John has access to all AT and EM needed. John saw his PCP through telehealth on August 15th for a routine check-up following an emergency room visit. No new medications were prescribed and John was reported to have experienced an episode of gastritis, which will be monitored by family and his in-home provider for additional symptoms and will reduce eating tomatoes and acidic juices. He is supported to plan and prepare his favorite dishes from Pasta Italia, his favorite restaurant, but the in-home plan will be updated to focus on white sauce since red sauce is suspected in his recent health concerns related to gastritis. He looks forward to going back to the restaurant when they reopen. John has not been able to attend Community Engagement Services or his job since March 2020. His employment and day providers are preparing to reopen in the next two months when he will return. SC will assist with reauthorizing services at that time. John stated he is satisfied with In-home and support coordination, but he repeated several times during the visit how much he wants to return to work and Community Engagement. He said "it's terrible" when asked about his job. SC offered support by mentioning the impact on many people at this time and hopes that he will be able to work soon. Vivian knows John well. She was able to talk about what is important TO and FOR John during the visit. She offered helpful information and encouraged John to share his thoughts and ideas during the meeting. SC will add updated medical information to the Essential Information and requested updated Part V from in-home provider to reflect food sensitivities. SC will inform John's mother of his dissatisfaction with employment and community involvement and determine any interest in alternate options. No additional reporting needed.</p> <p style="text-align: right;"><i>Emily Smith, SC 9/10/20</i></p>

Instructions		
<p>Complete this tool monthly during months where visits occur, but no less than at one face-to-face visit each quarter. It is a means to ensure that consistency is applied when assessing for any “change in status” and to confirm that the services are “implemented appropriately.” Based on observation and report, include specific, detailed notes in the person’s record about the findings and any actions that will be taken (including the need for any additional assessments or root cause analysis, such as behavioral and/or medical reviews, to understand and address identified concerns). <u>If the person has lost a service as a result of behavioral or medical issues or a provider’s perception of increased needs, additional assessment is necessary.</u> <b>Information from the completion of this tool should be incorporated into the quarterly Person-Centered Review.</b></p>		
Definitions		
<p>“<b>Change in status</b>” refers to changes related to a person’s mental, physical, or behavioral condition and/or changes in one’s circumstances to include representation, financial status, living arrangements, service providers, eligibility for services, and type of services or waiver.</p>		
<p>“<b>Services implemented appropriately</b>” means that services identified in the ISP are delivered consistent within generally accepted practices and have demonstrated progress toward expected outcomes, and if not, have been reviewed and modified.</p>		
Guidance		
Question	Examples	Action Considerations
1. Are there new or increased concerns with the environment being clean, safe and appropriate to the person’s needs?	(e.g., new or worsening evidence of infestation or unpleasant odor, observable concerns such as torn carpets, unsafe throw rugs, a lack of toilet paper, food, soap or other needed supplies, and the setting is physically is accessible with no barriers noted, etc.)	Determine the severity of the issue; Ask about recent changes; Assist with referrals as needed; Call 911 if emergency; Inform Adult Protective Services if abuse, neglect, or exploitation is suspected; Contact the DBHDS Offices of Licensing and Human Rights; Inform your supervisor and document; Update ISP as necessary
2. Are environmental modifications or assistive technologies lacking, but needed to increase independence or prevent institutionalization?	(e.g., there is an appropriate integration of setting and supports available to promote the individual’s independence and/or access to the greater community, wheelchair, walker, communication device, etc.)	Assess whether there are any immediate health or safety needs that must be addressed; Convene a team meeting to discuss the need for an AT or EM evaluation; Assist with linking the individual to a specialist to receive the evaluation; Support the individual to obtain any items recommended by the specialist; Update ISP as necessary
3. Are there new or increased concerns with the person’s health and safety?	(e.g., is there a new diagnosis from the past 90 days that could increase risk, such as going to the emergency room for an accident, injuring oneself and without effective behavioral services, signs of inadequate care like skin breakdown or choking that could have been avoided, or other changes in physical appearance: hygiene, weight, physical marks, etc.)	Determine the severity of the issue; Ask about recent changes; Assist with referrals as needed; Call 911 if emergency; Inform Adult Protective Services if abuse, neglect, or exploitation is suspected; Contact the DBHDS Offices of Licensing and Human Rights; Inform your supervisor and document; Update ISP as necessary
4. Have there been any significant life changes that impact services?	(e.g., the loss of a day, residential, or behavioral service provider, change in financial status, benefits, eligibility for	If moved to a less integrated setting, ensure informed choice and complete an RST referral; If individual has lost a needed

	services, or a change in waiver status, etc.)	service, determine and initiate next steps; if guardianship has changed, obtain paperwork; if income has decreased, discuss employment and reconfirm eligibility; Update the ISP as needed
5. Are there any concerns related to potential abuse, neglect, or exploitation?	(e.g., apparent bruising, unexplained scratches or pain, evidence of significant untreated health issues such as dental pain, body odor, soiled clothing, missing funds are reported, etc.)	Call 911 if health and safety is at immediate risk; notify the Department of Social services Adult or Child Protective Services Hotline to file a report; Submit a report to the DBHDS Office of Human Rights and if there is an injury or the allegation involves sexual abuse, submit a report to the DBHDS Office of Licensing Report to your supervisor per agency policies; Document the issue; Convene a team meeting if necessary; Ensure any concerns have been addressed and resolved; Confirm corrective actions have been taken to reduce chances of reoccurrence and offer alternate service options as needed; Make referrals if needed; Update the ISP as needed.
6. Was a change in status identified?	<p>NOTE: an answer of “yes” to any question 1 to 5 indicates a change in status.</p> <p><b>Provide a note to support observations/discussions regardless of there being an identified change in status.</b></p>	
7. Does the person express satisfaction with services and the progress being made?	(e.g., pleased with all services, locating new services in a timely manner developing increased abilities, opportunities for inclusion, having more independence, etc.)	Convene a team meeting to discuss improving or exploring new opportunities and/or considering alternate service options; Make referrals if needed; Update the ISP as needed
8. Are the paid supporters knowledgeable about the person and understand their role in providing support?	(e.g., do the DSPs know the individual’s needs and understand their role in providing support? Are meal plans followed to include special equipment, preparation, and preferences?)	Refer the provider to their Community Resource Consultant; Convene a team meeting to discuss improving current services and/or considering alternate service options
9. Are behavioral services available and occurring as needed, and as authorized?	(i.e., number of days and hours authorized)	Convene a team meeting to discuss improving current services and/or considering alternate service options; make referrals as necessary; if needed, request an updated plan from the provider
9a. If no to question 9 for behavioral services, confirm the following:	<p>An onsite assessment was completed?</p> <p>A behavioral plan designed to decrease negative behavioral and increase functional replacement behaviors?</p> <p>Caregivers are trained to implement the behavior plan?</p> <p>Presence of data collection/reviews to improve supports?</p> <p>Changes were made to the behavioral plan as needed?</p>	
10. Are nursing services available and occurring as needed, and as authorized?	(i.e., number of days and hours authorized)	Convene a team meeting to discuss improving current services and/or considering alternate service options;

		make referrals as necessary; if needed, request an updated plan from the provider
10a. If no to question 10 for nursing services, confirm the following:	Services were provided consistently for past 90 days? The hours provided are sufficient to ensure health and safety? The services provided meet the person's identified needs?	
11. Has the service being provided during this visit been occurring as needed, and as authorized?	(i.e., number of days and hours authorized)  N/A only utilized if not receiving a service at the time of the visit.	Convene a team meeting to discuss improving current services and/or considering alternate service options; make referrals as necessary; if needed, request an updated plan from the provider
12. Does the service being provided during this visit include skill-building if required?	(e.g., progress is occurring as expected, data is collected and reviewed by the provider; this is a required element in certain services to focus on increasing independence based on the ISP)  N/A only utilized if service being provided at the time of the visit does not require skill-building	Refer the provider to their Community Resource Consultant; Convene a team meeting to discuss improving current services and/or considering alternate service options; Make referrals if necessary; Request an updated plan from the provider
13. Does community involvement occur as described in the ISP?	(e.g., person has natural supports, do individual activity schedules and reports confirm going out to places they choose and like as indicated in the ISP, has access to reliable transportation, any modifications are supported as documented in the plan)	Convene a team meeting to discuss improving current services and/or considering alternate service options; Make referrals if necessary
14. Are <b>services implemented appropriately?</b>	<b>NOTE:</b> an answer of "no" to any question 7 to 13 indicates services are not appropriately implemented.  <b>Provide a note to support observations/discussions regardless of services being implemented appropriately.</b>	
15. <b>Do any concerns observed or reported require <u>reporting to the family or any providers?</u></b>	<b>NOTE:</b> Some observations/reports require informing the family or one or more waiver providers. For this question, list who will be contacted and describe what will be shared in the contact note from this visit.	
16. <b>Do any concerns observed or reported require <u>reporting to DBHDS or other state agency or your supervisor?</u></b>	<b>NOTE:</b> Some observations/reports require reporting to the Department of Social Services, DBHDS, DMAS, or your supervisor. For this question, list who will be contacted and describe what will be shared in the contact note from this visit.	
17. <b>Is a change in the plan needed (additional outcomes, changes in steps or provider instructions)?</b>	<b>NOTE:</b> If results of the completion of this tool indicate that a change in the person's ISP Parts I to IV or the provider-completed Part V, list the parts of the plan that will be updated. Describe the changes that will be discussed with the person and Substitute Decision-Maker and made to the plan in the contact note from this visit.	

### Reference Chart for DD Waiver Services

<b>Service</b>	<b>WaMS Part V Required</b>	<b>Skill-building Required</b>	<b>Back-up Plan Required</b>
Assistive Technology	No	No	No
Benefits Planning	Yes	No	No
Center-Based Crisis Supports	No	Yes	No
Community-Based Crisis Supports	No	Yes	No
Crisis Support services	Yes	Yes (prevention optional; required for stabilization and intervention)	No
Community Coaching	Yes	Yes	No
Community Engagement	Yes	Yes	No
Community Guide (general)	Yes	No	No
Community Guide (housing)	Yes	Optional	No
Companion	Yes	No	Yes (AD & CD)
Electronic Home Based Supports	No	No	No
Employment and Community Transportation	No	No	No
Environmental Modifications	No	No	No
Group Day	Yes	Yes	No
Group Home Residential	Yes	Yes	No
Independent Living Supports	Yes	Yes	No
In-Home Supports Residential	Yes	Yes	Yes
Personal Assistance	Yes	No	Yes (AD & CD)
Personal Emergency Response System	No	No	No
Peer Mentor Supports	Yes	No	No
Individual and Family Caregiver Training	No	Optional	No
Private Duty Nursing	Yes	No	No
Respite	Yes	No	Yes (AD & CD)
Shared Living	No	No	Yes
Skilled Nursing	Yes	No	No
Sponsored Residential	Yes	Yes	No
Supported Employment (Individual & Group)	Yes	Yes	No
Supported Living Residential	Yes	Yes	No
Transition Services	No	No	No
Workplace Assistance	Yes	Yes	No